

## AMENDMENT TRANSMITTAL LETTER

Docket No.  
10248.70024US00

APR 27 2006

Application No.  
10/616409-Conf. #9289Filing Date  
July 9, 2003Examiner  
B. J. FetterolfArt Unit  
1642

Applicant(s): Sharlene Adams et al.

In BOROPROLINE COMPOUND COMBINATION THERAPY  
vention:

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment, a declaration and Curriculum Vitae of each of Barry Jones and Margaret J. Uprichard, an American Society of Hematology poster, fee transmittal and check in the amount of \$690.00 in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	50	- 51 =	0	x	
Independent Claims	1	- 15 =	0	x	
Multiple Dependent Claims (check if applicable)			x		180.00
Other fee (please specify): Extension for response within third month					510.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					690.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 23/2825 in the amount of \$ . A duplicate copy of this sheet is enclosed. A check in the amount of \$ 690.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 23/2825 as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
  
 Maria A. Trevisan  
 Attorney/Agent Reg. No.: 48,207

Dated: April 21, 2006

 WOLF, GREENFIELD & SACKS, P.C.  
 Federal Reserve Plaza  
 600 Atlantic Avenue  
 Boston, Massachusetts 02210-2206  
 (617) 646-8232

## Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 4/21/06

Signature: 

(Michelle M. Quinn)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <small>Fee Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b>		Application Number	10/616409-Conf. #9289
<b>For FY 2005</b>		Filing Date	July 9, 2003
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Sharlene Adams
		Examiner Name	B. J. Fetterolf
		Art Unit	1642
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		690.00	
		Attorney Docket No.	
10248.70024US00			

**METHOD OF PAYMENT** (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: 23/2825		Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

<u>Small Entity</u>	
<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
- 20 =	x	=		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
- 3 =	x	=		<u>Fee (\$)</u> <u>Fee Paid (\$)</u> \$180.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification,

Other (e.g., late filing surcharge): 2253 Extension for response within third month

510.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	48,207	Telephone	(617) 646-8266
Name (Print/Type)	Maria A. Trevisan			Date	April 21, 2006

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Dated: 4-21-04

Signature:

(Michelle M. Quinn)